

AO 440 (Rev. 12/09) Summons in a Civil Action

Summons and Complaint Return of Service

Case No. 11-12753

Hon. Bernard A. Friedman

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Party Served: Universal Music Group, Inc.

Date of Service:

7/1/2011**Method of Service**☐ Personally served at this address:

☐ Left copies at the usual place of abode with (name of person):

☒ Other (specify):
Served via certified mail to Registered Agent C.T. Corporation at
818 W. 7th St., 108 F.H. 103, CH 40017. (Return receipt attached)☐ Returned unexecuted (reason):

Service Fees: Travel \$ 0 Service \$ 0 Total \$ 0**Declaration of Server**

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server:

Meaghan Shulman

Signature of Server:

Meaghan M. Shulman

Date:

7/5/2011

Server's Address:

24100 Southfield Rd, Ste. 305
Southfield MI 48075

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Rudy Reyes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Universal Music Group, Inc. RA: CT Corporation Co. 818 W. 7th St. Los Angeles, CA 90017</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery JUL 1 2011</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7010 2780 0002 8990 9758</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	